

City Council  
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# City of Long Beach



City Manager  
Jack Schnirman

Assistant Superintendent  
of Parks and Recreation  
Paul Ferrante

## Parks & Recreation Department

### Surf-Fit Fitness Class

This class will be held upstairs at the Long Beach Ice Arena.

**Days: Wednesdays** ☐ **or Thursdays** ☐ (PLEASE CHECK DAY)

**Times: 6:30pm-7:20pm** ☐ **or 7:30pm – 8:20pm** ☐ (PLEASE CHECK TIME)

#### Schedule of Classes: Wednesdays

September	October	November	December
28	5 – 19 – 26	2 – 9 – 16 – 30	7 – 14

#### Schedule of Classes: Thursdays

September	October	November	December
29	6 – 20 – 27	3 – 10 – 17	1 – 8 – 15

**Class description:** Our 10-week, surf inspired program is designed to help you build long and lean muscles, while engaging your core and improving your balance and stability. This workout will have you training like an athlete, building muscles, and engaging in body and mind challenges, while having fun at the same time! Gear up and get on board!

**\*\*\*Limited space available\*\*\***

**Fee: \$110 for 10 classes**

***Make checks payable to City of Long Beach. Cash, Visa or MasterCard are also accepted.***

Surf-Fit Fitness Class Fall 2016

\*\*Put Telephone # on check

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Long Beach Parks & Recreation Department and the City of Long Beach, their representatives, successors, and assigns for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the completion of this run and my physical condition has been verified by a licensed medical doctor. I hereby authorize and give full consent to the City of Long Beach to use and or publish photographs or video, of me or my child while participating in this Recreation program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***For Rec Use Only:***

Receipt # \_\_\_\_\_ Amt Pd. \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_ Posted \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION**

(Please print clearly)

**PLEASE COMPLETE THE FOLLOWING INFORMATION:**

NAME \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

AGE \_\_\_\_\_ SEX \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

**IN AN EMERGENCY PLEASE NOTIFY:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIONSHIP (to above) \_\_\_\_\_

1. HAS APPLICANT HAD ANY SERIOUS ILLNESS, INJURY OR OPERATION (if YES, give dates & explanations). \_\_\_\_\_  
\_\_\_\_\_

2. WILL APPLICANT BE TAKING ANY MEDICATION? (if YES, indicate types & effects). \_\_\_\_\_  
\_\_\_\_\_

3. DOES APPLICANT HAVE A PHYSICAL OR MENTAL DISABILITY THE INSTRUCTOR NEEDS TO BE AWARE OF FOR INSTRUCTIONAL MODIFICATIONS OR EMERGENCY PURPOSES? (if YES, please explain:) \_\_\_\_\_  
\_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's signature of approval to participate \_\_\_\_\_ Date \_\_\_\_\_